

Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1334261

☐ Termination - See Part 5

List I.D. number:

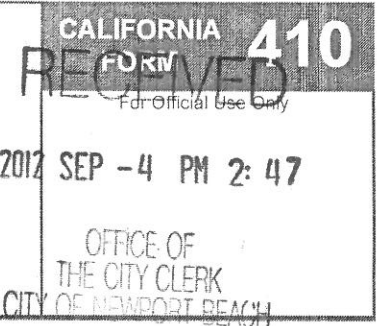
#

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp



1. Committee Information

NAME OF COMMITTEE

Maintain Our Residential Neighborhoods

STREET ADDRESS (NO P.O. BOX)

417 Via Lido Nord

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach

CA

92663

(949) 675-9848

MAILING ADDRESS (IF DIFFERENT)

PO Box 2932, Newport Beach, CA 92659

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Bettina Deininger

STREET ADDRESS (NO P.O. BOX)

417 Via Lido Nord

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach

CA

92663

(949) 675-9848

NAME OF ASSISTANT TREASURER, IF ANY

Joel Slutzky

STREET ADDRESS (NO P.O. BOX)

424 Via Lido Nord

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach

CA

92663

714-724-7043

NAME OF PRINCIPAL OFFICER(S)

Joel Slutzky

STREET ADDRESS (NO P.O. BOX)

424 Via Lido Nord

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach

CA

92663

714-724-7043

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

August 31, 2012

DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By

Bettina Deininger

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT